

**RECOMMENDATION FOR INCENTIVE  
AWARD**

Information pertaining to awards may be found in the HRO manual Chapter 451.

☐ Special Act: Amount \$ \_\_\_\_\_ ☐ On-the-Spot: Amount \$ \_\_\_\_\_

☐ Quality Step Increase ☐ Time-Off: Hours \_\_\_\_\_ to be used by \_\_\_\_\_  
(1 year maximum)

**EMPLOYEE:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
*If the Award is for more than one individual, attach a list of names, with SSN and award amount for each.*

**ACTIVITY:** \_\_\_\_\_ **UIC:** \_\_\_\_\_

**UIC of Recommending Official:** \_\_\_\_\_  
*(If UIC is different from recommended employee(s) please provide accounting appropriation on next line.)*

**Accounting appropriation:** \_\_\_\_\_

**TANGIBLE/INTANGIBLE ESTIMATE OF BENEFITS**

**A. TANGIBLE BENEFITS.** Approximate tangible value of benefit or savings: \$ \_\_\_\_\_

**B. INTANGIBLE BENEFITS**

(1) Value \_\_\_\_\_Moderate \_\_\_\_\_Substantial \_\_\_\_\_High \_\_\_\_\_Exceptional

(2) Extent of Application \_\_\_\_\_Limited \_\_\_\_\_Extended \_\_\_\_\_Broad \_\_\_\_\_General

**JUSTIFICATION FOR AWARD:**

\_\_\_\_\_  
Recommending Official's Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Official's Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date